# FORM D **PROCESSED** SEP 1 0 2008 📈 THOMSON REUTERS

### UNITED STATES AND EXCHANGE Washington, D.C. 20549

## FORM D SEP 02 2008

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGUMENTING OF DC SECTION 4(6), AND/OR<sup>110</sup> UNIFORM LIMITED OFFERING EXEMPTION

1028	734						
OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	August 31, 2008						
Estimated average burden hours							
per response	16.00						

SEC USE ONLY

DATE BECCIVED

Serial

Prefix

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) 9.0% Subordinated Unsecured Promissory Note Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	☐ Section 4(6) ☐ ULOE
A. BASIC IDENTIFICATION DAT	A CANAL SALES AND AND AND AND AND A
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) CoBiz Financial Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code 821 Seventeenth Street, Denver, Colorado 80202	Telephone Number (Including Area Code) (303) 312-3412
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Financial holding company	
Type of Business Organization  Corporation   limited partnership, already formed   other (please   limited partnership, to be formed	specify) 08059339
Actual or Estimated Date of Incorporation or Organization:  Month Year  0 2 8 0	☐ Actual ☐ Estimated

#### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

(Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction)

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

54.			A. BASIC IDENT	TIFICATION DATA		
2. Enter t	he information re	equested for the fo	ollowing:			
• E	Each promoter of	the issuer, if the i	ssuer has been organized	within the past five years;		
	Each beneficial of ecurities of the is		power to vote or dispose	, or direct the vote or disp	position of, 10% o	or more of a class of equity
		•	of corporate issuers and o	of corporate general and m	anaging partners	of partnership issuers; and
			of partnership issuers.	, ,	0 0.	•
Check Bo	x(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name Andrich, l	e (Last name first Lyne B.	t, if individual)				
821 Sever	iteenth Street, De	enver, Colorado 8	d Street, City, State, Zip C 0202	Code)		
Check Bo	x(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name Bangert, S	e (Last name first Steven	, if individual)				
		iress (Number and enver, Colorado 8	d Street, City, State, Zip C 0202	Code)		
Check Bo	x(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
	(Last name first Michael B.	, if individual)				
		lress (Number and niver, Colorado 80	d Street, City, State, Zip C 0202	·		
Check Bo	x(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name Dalton, Ri	(Last name first chard J.	, if individual)				
		lress (Number and nver, Colorado 80	Street, City, State, Zip C 0202	Code)		
Check Box	x(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name Gust, Mor	(Last name first gan	, if individual)		•		
		ress (Number and nver, Colorado 80	Street, City, State, Zip C 202	ode)		
Check Box	((es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name Longust, T	(Last name first homas M.	, if individual)				
		ress (Number and nver, Colorado 80	Street, City, State, Zip C 202	ode)		
Check Box	(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name Lorenz, Jo	(Last name first nathan C.	, if individual)				
		ress (Number and nver, Colorado 80	Street, City, State, Zip C 202	ode)		
Check Box	(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name Makovsky	(Last name first, , Evan	if individual)				
		ress (Number and nver, Colorado 80	Street, City, State, Zip Co 202	ode)		

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, Mosanko, Harold F.	if individual)				
Business or Residence Add 821 Seventeenth Street, Der	`		ode)		-
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Ostertag, Robert B.	if individual)				
Business or Residence Add 821 Seventeenth Street, Der			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Polson, Douglas L.	if individual)				
Business or Residence Address Seventeenth Street, Der	•		ode)		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, Rhinehart, Mary K.	if individual)				
Business or Residence Addi 821 Seventeenth Street, Der	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, Rothman, Noel N.	if individual)				
Business or Residence Addr 821 Seventeenth Street, Der	,		ode)		
Check Box(es) that Apply:	· <u>_</u>	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Travis, Timothy J.	if individual)				
Business or Residence Addr 821 Seventeenth Street, Der			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, Vitale, Mary Beth	if individual)				
Business or Residence Addr 821 Seventeenth Street, Den			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, White, Mary	if individual)				
Business or Residence Addr 821 Seventeenth Street, Den	•		ode)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1		<i>,</i>	.3		, , <b>B.</b>	ÍNFÓRI	MATIO	ABOU	T OFFE	RING				. 1	
1	TT the ice			<b>.</b>	:	11		Jt. J t			0			Yes	No
1.	Has the iss	uer soia,	or does t			-					_				$\boxtimes$
2.	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?									\$ 250	,000 1				
						-	_							Yes	No
3.	Does the o		•		-	_									
4.	Enter the in remunerati														
	person or a	igent of a	broker o	or dealer	registered	d with the	SEC an	d/or with	a state o	r states, l	ist the na	ame of the	e broker o	or dealer.	If more
	than five (: dealer only		s to be li	sted are a	associate	d persons	of such	a broker	or dealer	, you ma	y set for	th the inf	ormation	for that	broker or
	ll Name (Las t Applicable	t name fi	rst, if ind	lividual)								н н.			
Bu	siness or Res	sidence A	ddress (1	Number a	nd Street	, City, St	ate, Zip (	Code)					·		
Na	me of Assoc	iated Bro	ker or Do	ealer											
Sta	tes in Which	Person I	isted Ha	s Solicite	d or Inte	nds to So	licit Purc	hasers						·····	
	(Check "Al	l States"	or check	individua	al States)		••••••					••••••		🔲 Al	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Ful	l Name (Las	t name fi	rst, if ind	ividual)	<u></u>								•		
	sinoso or Pos	idanaa A	ddraga (A	Jumbara	nd Ctmaat	City Ct	ata Zin C					· ·			
Du	siness or Res	idelice A	aaress (1	number a	nu sueci	, City, St	ate, Zip C	.oue)							
Nai	ne of Associ	ated Bro	ker or De	aler							,				
Sta	tes in Which	Person L	isted Ha	s Solicite	d or Inter	nds to So	licit Purc	hasers		•					
	(Check "Al	l States"	or check	individua	ıl States)						•••••			🔲 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	(IL) [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY] .	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	(VA)	[WA]	[wvj	[WI]	[WY]	[PR]		
Ful	Name (Last	name fir	st, if ind	ividual)											
Bus	iness or Res	idence A	ddress (N	lumber ar	nd Street,	City, Sta	ite, Zip C	ode)							
Nar	ne of Associ	ated Brol	ker or De	aler											
Stat		D I		0-1:-:4-	J T		'-'- D 1								
Siai	es in Which (Check "All													🔲 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI] Î	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

}	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROC	EEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is exchange offering, check this box and indicate in the columns below the amounts the securities offered for exchange and already exchanged.	an		
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$ 30,000,000 <sup>2</sup>	\$	<u>₹</u>
	Equity	\$0	\$	
	Common Preferred			
	Convertible Securities (including warrants)	\$0	\$	0
	Partnership Interests	\$0	\$	0
	Other (Specify)	\$0	\$	0
	Total	\$ 0 \$ 30,000,000 <sup>2</sup>	- \$ \$	0 15,562,017
	Answer also in Appendix, Column 3, if filing under		<b>–</b> "	13,302,017
2.	Enter the number of accredited and non-accredited investors who have purchase securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answeris "none" or "zero."	or es		Anneste
		Number of Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	46	\$	15,562,017
	Non-accredited Investors	0	\$	0
	Total (for filings under Rule 504 only)	Not Applicable	\$	Not Applicable
3.	Answer also in Appendix, Column 4, if filing under Ulastic In this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Not Applicable	or ve		
	Type of Offering	Type of		Dollar Amount
	Rule 505	Security Not Applicable	\$	Sold Not Applicable
	Pagulation A	Not Applicable	- °	Not Applicable
	Rule 504	Not Applicable	- s	Not Applicable
	Total	Not Applicable	_ \$ ]	Not Applicable
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to further contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	of e		
	Transfer Agent's Fees Printing and Engraving Costs Legal Fees		\$ \$ \$	0 0 60,000
	Accounting Fees	$\boxtimes$	\$	20,000
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)	片	\$.	0
	Other Expenses (identify)  Total		\$ - •	80,000
	10tal	الابيا	Ψ_	00,000

-	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXP	ENSES AF	אט עא	E OF P	KOCFÉT	<u> 5. · ·</u>	***
		gregate offering price given in response thed in response to Part C - Question ds to the issuer."						
	,						\$	29,920,000 <sup>2</sup>
5.	furnish an estimate and check the box t	ted gross proceeds to the issuer used or wn. If the amount for any purpose is to the left of the estimate. The total of the occeds to the issuer set forth in response	not known ne payment	, S				
			-		o Officer	rs,		
					ors, & iates	Ţ	<sup>o</sup> avme	ents to Others
	Salaries and Fees			\$	0			0
	Divisions of Post Posts		[77]	\$ \$	0		S	0
	Purchase, rental or leasing and installa	ation of machinery and equipment		\$ \$	0		\$     \$	0
	· · · · · · · · · · · · · · · · · · ·	ngs and facilities		<u> </u>	0		\$	0
	Acquisition of other businesses (incluinvolved in this offering that may be	iding the value of securities e used in exchange for the		_				
	assets or securities of another issuer pr		<u>U</u>	\$	0		\$	0
	137 - 3-1 1			\$	0		\$ <sub>-</sub>	0 20 000 2
	Other (creatiful)	······································		<sub>2</sub> —	00	🛛	\$ _	29,920,000 2
			_		•	_		
	· <u> </u>	·	<u> </u>	\$	0	ᆜ	\$	
			Ц	\$	0	🛛	-	29,920,000 <sup>2</sup>
	Total Payments Listed (colum	nn totals added)	**********			\$29,9	920,00	<u>)0 ²</u>
The	The company may waive the minimum is The company may, in its sole discretion increase in the principal amount would in a sissuer has duly caused this notice to be owing signature constitutes an undertaking	on, increase the aggregate principal amoncrease the amounts included in Part C, S  D. FEDERAL SIGNATUR  e signed by the undersigned duly autho	Sections 1,	tes sol 4(b) an	d in this nd 5, by this notice	offering the amoun	to \$5 nt of s unde	50,000,000. An uch increase.
of i	ts staff, the information furnished by the	issuer to any non-accredited investor pur	rsuant to pa	ıragrap	oh (b)(2)	of Rule 50	)2.	
	ner (Print or Type)	Signatur		Date				
Col	Biz Financial Inc.			Aug	ust 26, 2	008		
Naı	ne of Signer (Print or Type)	Title of Signer (Print or Type)		1.				
Lyr	ne B. Andrich	Chief Financial Officer						
	7			<u>.</u>			<u></u>	
		ATTENTION						

END

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)